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UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. 568-136

First Inventor Pettit

Title Therapeutic Compositions....Positive Bacteria

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Express Mail Label No. ET527823273US

APPLICA	TION ELEMENTS		4000				oner for Patents
See MPEP chapter 600 cond	cerning utility patent application conte	nts.	AUUF		x Patent A ashington,		
	orm (e.g., PTO/SB/17) duplicate for fee processing)		7.	CD-ROM or CD-R	in duplicat	e, large	
2 Applicant claims s	mall entity status.		8. Nucle	Computer Program otide and/or Amino			uhmission
See 37 CFR 1.27. Specification	[Total Pages 29]			plicable, all necessai	ry) .		
3. (preferred arrangement	t set forth below)		a	Computer Readal	•	•	
	e to Related Applications		b. Sp	ecification Sequence			
	arding Fed sponsored R & D quence listing, a table,			i. 📙 CD-ROM	or CD-R (2	2 copie	s); or
or a computer p	rogram listing appendix			_i i.	ina idontit	u of ob	ova canica
 Background of Brief Summary 	of the Invention		C	COMPANYING			· · · · · · · · · · · · · · · · · · ·
 Brief Descriptio Detailed Descri 	n of the Drawings (<i>if filed</i>) ption		9.	Assignment Paper			
- Claim(s)				」 37 CFR 3.73(b) S	•	- T	Power of
- Abstract of the		7	10.	(when there is an	• .		☐ Attorney
4. Drawing(s) (35 U	S.C. 113) [Total Sheets 3]]	11.	☐ English Translation ☐ Information Disclo		ent <i>(if a</i>	applicable) Copies of IDS
5. Oath or Declaration	[Total Pages]]	12.	Statement (IDS)/F	PTO-1449		Citations
	uted (original or copy) prior application (37 CFR 1.63 (d))		13.	Preliminary Amer		4DED 6	-02/
	tion/divisional with Box 18 completed)	14.	Return Receipt P (Should be specifi	ically item	ized)	,
	ION OF INVENTOR(S) tement attached deleting inventor(s)		15. Certified Copy of Priority Document(s) (if foreign priority is claimed)				
named in t	he prior application, see 37 CFR and 1.33(b).						
	and 1.55(b).			or its equivalent.	cant must	attacn	10rm P10/58/35
6 Application Data	Sheet. See 37 CFR 1.76	7 CFR 1.76 17. Other:					
	CATION, check appropriate box, and	supply t	he requis	ite information below	and in a p	orelimii	nary amendment,
or in an Application Data She	Divisional Continuation-in-part (CIP)	of	pnor application No.	1		
Prior application information:	Examiner			roup Art Unit:			
	ONAL APPS only: The entire disclosure the disclosure of the disclosure of the accompanying co						
	relied upon when a portion has been in	advertent	ly omitted	from the submitted a			
	19. CORRESPO	ONDENC	E ADDR	ESS			
Customer Number or Bar Co	ode Label (Insert Customer No. or Atte	ach bar cod	le label hère,	or	Correspon	dence ad	ddress below
Name	Kittie Murray						
	Gallagher & Kennedy						
Address	2575 E. Camelback Road						
City	Phoenix	St	State Arizona Zip Code 85016			85016	
Country	USA	Teleph	one 6	02-530-8088	Fá	ax	602-530-8500
Name (Print/Type)	Kittie Murray		Regist	ration No. (Attorne	y/Agent)	30,3	46
Signature	Kittie Mum				Date	06/2	8/01

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FEE TO ANG	NAITTAI	Complete if Known		
FEE TRANSMITTAL		Application Number		
for FY 2001		Filing Date		
		First Named Inventor	Pettit	
Patent fees are subject to annual revision.		Examiner Name		
		Group Art Unit		
TOTAL AMOUNT OF PAYMENT	(\$) 355	Attorney Docket No.	568-136	

METHOD OF PAYMENT	FEE CALCULATION (continued)			
1. The Commissioner is hereby authorized to charge indicated fees and credit any overnayments to:	3. ADDITIONAL FEES			
Denosit	Large Small Entity Entity			
Account Number	Fee Fee Fee Fee Fee Description	Fee Paid		
Deposit Account Gallagher & Kennedy	Code (\$) Code (\$)			
Name Gallagriel & Refilledy	105 130 205 65 Surcharge - late filing fee or oath			
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	127 50 227 25 Surcharge - late provisional filing fee or cover sheet			
Applicant claims small entity status.	139 130 139 130 Non-English specification			
See 37 CFR 1.27 2. Payment Enclosed:	147 2,520 147 2,520 For filing a request for ex parte reexamination			
2. Payment Enclosed: Check Credit card Money Order Other	112 920* 112 920* Requesting publication of SIR prior to Examiner action			
FEE CALCULATION	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action	,		
1. BASIC FILING FEE	115 110 215 55 Extension for reply within first month			
Large Entity Small Entity	116 390 216 195 Extension for reply within second month			
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	117 890 217 445 Extension for reply within third month			
404 740 004 055 1444-64-6-	118 1,390 218 695 Extension for reply within fourth month			
101 710 201 355 Gallity filing fee 355	128 1,890 228 945 Extension for reply within fifth month			
107 490 207 245 Plant filing fee	119 310 219 155 Notice of Appeal			
108 710 208 355 Reissue filing fee	120 310 220 155 Filing a brief in support of an appeal			
114 150 214 75 Provisional filing fee	121 270 221 135 Request for oral hearing			
	138 1,510 138 1,510 Petition to institute a public use proceeding			
SUBTOTAL (1) (\$) 355	140 110 240 55 Petition to revive - unavoidable			
2. EXTRA CLAIM FEES	141 1,240 241 620 Petition to revive - unintentional			
Fee from Extra Claims below Fee Paid	142 1,240 242 620 Utility issue fee (or reissue)			
Total Claims20** = X =	143 440 243 220 Design issue fee			
Independent - 3** = X = =	144 600 244 300 Plant issue fee			
Multiple Dependent =	122 130 122 130 Petitions to the Commissioner			
	123 50 123 50 Processing fee under 37 CFR 1.17(q)			
Large Entity Small Entity Fee Fee Fee Fee Fee Description	126 180 126 180 Submission of Information Disclosure Stmt			
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	581 40 581 40 Recording each patent assignment per property (times number of properties)			
102 80 202 40 Independent claims in excess of 3	146 710 246 355 Filing a submission after final rejection			
104 270 204 135 Multiple dependent claim, if not paid	(37 ČFR § 1.129(a))			
109 80 209 40 ** Reissue independent claims over original patent	149 710 249 355 For each additional invention to be examined (37 CFR § 1.129(b))			
110 18 210 9 ** Reissue claims in excess of 20	179 710 279 355 Request for Continued Examination (RCE)			
and over original patent	169 900 169 900 Request for expedited examination of a design application			
SUBTOTAL (2) (\$)	Other fee (specify)			
**or number previously paid, if greater; For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)			

SUBMITTED BY				Complete (if	Complete (if applicable)		
Name (PrintlType)	Kittie Murray	Registration No. (Attorney/Agent)	30,346	Telephone	602-530-8086		
Signature	Lidei Mum			Date	06/28/01		

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